

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(d))—NONPROFIT ORGANIZATION

Docket Number (Optional)
SHP-PT059

Applicant, Patentee, or Identifier: Braud et al.

Application or Patent No.: 09/555,555

Filed or Issued: Not Yet Known

Title: HLA-E BINDING

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:
NAME OF NONPROFIT ORGANIZATION Isis Innovation Limited of Oxford University

ADDRESS OF NONPROFIT ORGANIZATION Ewert House, Ewert Place, Summertown, Oxford OX2 7BZ
United Kingdom

TYPE OF NONPROFIT ORGANIZATION:

☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION

☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))

☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))
IF LOCATED IN THE UNITED STATES OF AMERICA

☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.
☐ each such person, concern, or organization is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING _____

Dr. T. Cook

TITLE IN ORGANIZATION OF PERSON SIGNING _____

Managing Director

ADDRESS OF PERSON SIGNING _____

ISIS Innovation Ltd

SIGNATURE _____

T. Cook

OX2 700 UK

DATE _____

28-7-00

Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
OMB 0651-0032

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	SHP-PT059		
	First Named Inventor	Braud et al.		
	COMPLETE IF KNOWN			
	Application Number	Not Yet Known		
	Filing Date	Not Yet Known		
	Group Art Unit	Not Yet Known		
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HLA-E BINDING

the specification of which

☐ is attached hereto (Title of the Invention)

OR

☒ was filed on (MM/DD/YYYY) 12/04/1998 as United States Application Number or PCT International Application Number PCT/GB98/03686 and was amended on (MM/DD/YYYY) 06/01/2000 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9725764.6	Great Britain	12/04/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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[Page 1 of 2]

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PTO/SB/01 (12-97)

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number SHP-PT059

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DECLARATION — Utility or Design Patent Application

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PCT/GB98/03686	12/04/1998	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number <input type="text"/>		<input type="checkbox"/> OR		<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		<input type="checkbox"/> Place Customer Number Bar Code Label here	
Name	Registration Number	Name	Registration Number				
Alfred Stapler	16,675	Glenn M. Massina	40,081				
Anthony S. Volpe	28,377	Jeffrey M. Glabicki	42,584				
C. Frederick Koenig III	29,662	Kao H. Lu	43,761				
Randolph J. Huis	34,626						
Gerald B. Halt, Jr.	37,633						

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	C. Frederick Koenig III, Esquire Volpe and Koenig, P.C.					
Address	Suite 400, One Penn Center					
Address	1617 John F. Kennedy Blvd.					
City	Philadelphia		State	PA	ZIP	19103
Country	U.S.A.		Telephone	(215) 568-6400		Fax (215) 568-6499

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Veronique M.		Braud				
Inventor's Signature					Date	
Residence: City	State	Country	Citizenship		French	
Post Office Address						
Post Office Address						
City	State	ZIP	Country			

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Veronique M.		Braud	
Inventor's Signature	<i>VBraud</i>		
Residence: City	Shrivenham	State	CBX
Post Office Address	32 Hazells Lane Shrivenham SN6 8DS		
Work Post Office Address	Institute of Molecular Medicine John Radcliffe Hospital Headington.		
City	Oxford	State	
ZIP	OX3 9DS	Country	UK

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OMB 0651-0032

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Andrew J.

Family Name or Surname

McMichael

Inventor's
Signature

Residence: City

State

Country

Date

Post Office Address

Citizenship

British

Post Office Address

City

State

ZIP

Country

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**DECLARATION FOR UTILITY OR
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(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing
OR
☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
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Attorney Docket Number SHP-PT059

First Named Inventor Braud et al.

COMPLETE IF KNOWN

Application Number Not Yet Known

Filing Date Not Yet Known

Group Art Unit Not Yet Known

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the specification of which

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(Title of the Invention)

Application Number PCT/GB98/03686 as United States Application Number or PCT International
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Name C. Frederick Koenig III, Esquire
Volpe and Koenig, P.C.
Address Suite 400, One Penn Center
Address 1617 John F. Kennedy Blvd.
City Philadelphia
Country U.S.A. State PA ZIP 19103
Telephone (215) 568-6400 Fax (215) 568-6499

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9725764.6	Great Britain	12/04/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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Please type a plus sign (+) inside this box → ☐

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB98/03686	12/04/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Alfred Stapler	16,675	Glenn M. Massina	40,081
Anthony S. Volpe	28,377	Jeffrey M. Glabicki	42,584
C. Frederick Koenig III	29,662	Kao H. Lu	43,761
Randolph J. Huis	34,626		
Gerald B. Halt, Jr.	37,633		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	C. Frederick Koenig III, Esquire Volpe and Koenig, P.C.				
Address	Suite 400, One Penn Center				
Address	1617 John F. Kennedy Blvd.				
City	Philadelphia	State	PA	ZIP	19103
Country	U.S.A.	Telephone	(215) 568-6400	Fax	(215) 568-6499

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Veronique M.		Braud	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
			French
Post Office Address			
Post Office Address			
City	State	ZIP	Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Andrew J.				McMichael			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	British
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	SHP-PT059
	First Named Inventor	Braud et al.
	COMPLETE IF KNOWN	
	Application Number	Not Yet Known
	Filing Date	Not Yet Known
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HLA-E BINDING

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 12/04/1998 as United States Application Number or PCT International

Application Number PCT/GB98/03686 and was amended on (MM/DD/YYYY) 06/01/2000 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9725764.6	Great Britain	12/04/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB98/03686	12/04/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR
☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
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Anthony S. Volpe	28,377	Jeffrey M. Glabicki	42,584
C. Frederick Koenig III	29,662	Kao H. Lu	43,761
Randolph J. Huis	34,626		
Gerald B. Halt, Jr.	37,633		

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Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	C. Frederick Koenig III, Esquire Volpe and Koenig, P.C.				
Address	Suite 400, One Penn Center				
Address	1617 John F. Kennedy Blvd.				
City	Philadelphia	State	PA	ZIP	19103
Country	U.S.A.	Telephone	(215) 568-6400	Fax	(215) 568-6499

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Veronique M.		Braud	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship French
Post Office Address			
Post Office Address			
City	State	ZIP	Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
David S.J.						Allan					
Inventor's Signature						Date					
Residence: City		State		Country		Citizenship		Canada			
Post Office Address											
Post Office Address											
City		State		ZIP		Country					
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
Graham S.						Ogg					
Inventor's Signature						Date					
Residence: City		State		Country		Citizenship		British			
Post Office Address											
Post Office Address											
City		State		ZIP		Country					
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
Christopher A.						O'Callaghan					
Inventor's Signature						Date					
Residence: City		State		Country		Citizenship		British			
Post Office Address											
Post Office Address											
City		State		ZIP		Country					

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Given Name (first and middle [if any])				Family Name or Surname			
David S.J.				Allan			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
						Canada	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Graham S.				Ogg			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Oxford		Oxon		UK		British	
Post Office Address							
19 ST CHRISTOPHER'S PLACE							
Post Office Address							
CBX							
City		State		ZIP		Country	
Oxford		Oxon		OXF245		UK	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Christopher A.				O'Callaghan			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
						British	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	SHP-PT059	
	First Named Inventor	Braud et al.	
	COMPLETE IF KNOWN		
	Application Number	Not Yet Known	
	Filing Date	Not Yet Known	
	Group Art Unit	Not Yet Known	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which

(Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

12/04/1998

as United States Application Number or PCT International

Application Number

PCT/GB98/03686

and was amended on (MM/DD/YYYY)

06/01/2000

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9725764.6	Great Britain	12/04/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

David S.J.

Allan

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Canada

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Graham S.

Ogg

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

British

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Christopher A.

O'Callaghan

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

British

Post Office Address

Post Office Address

City

State

ZIP

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David S.J.				Allan			
Inventor's Signature		D. O'Callaghan			Date		Aug. 20/2000
Residence: City		Oxford	State	Country	UK		Citizenship
Post Office Address		Trinity College					
Post Office Address							
City		Oxford	State	ZIP	OX1 3BH	Country	UK

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Graham S.				Ogg			
Inventor's Signature					Date		
Residence: City			State	Country			Citizenship
Post Office Address							
Post Office Address							
City			State	ZIP		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Christopher A.				O'Callaghan			
Inventor's Signature					Date		
Residence: City			State	Country			Citizenship
Post Office Address							
Post Office Address							
City			State	ZIP		Country	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
David S.J.				Allan			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	Canada
Post Office Address							
Post Office Address							
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Graham S.				Ogg			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	British
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Christopher A				O'Callaghan			
Inventor's Signature	[Signature]					Date	2 August 2000
Residence: City	Pasadena	State	CA	Country	USA	Citizenship	British
Post Office Address							
211, South Wilson Avenue #309							
Post Office Address							
City	Pasadena	State	CA	ZIP	91106	Country	USA

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Given Name (first and middle (if any))

Family Name or Surname

Andrew J.

McMichael

Inventor's
Signature

Date

Residence: City

Beckley

State

Oxford

Country

UK

Citizenship

British

Post Office Address

Midsummer Cottage, Church Street, Beckley, Oxford, OX3 9UT, UK

Post Office Address

City

State

ZIP

Country

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City

State

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